

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/599824

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				-		
3				-		
4				-		
5				-		
6				-		
7				-		
8						
9						
10			1			
11				-		
12				-		
13				-		
14				-		
15				-		
16				-		
17				-		
18				-		
19				-		
20				-		
21				-		
22				-		
23				-		
24				-		
25				-		
26				-		
27				-		
28				-		
29				-		
30				-		
31				-		
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40				-		
41				-		
42				-		
43				-		
44				-		
45				-		
46				-		
47				-		
48				-		
49				-		
50				-		
TOTAL IND.			2			
TOTAL DEP.			10			
TOTAL CLAIMS			12			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						